





### Mission Mapping (these are not required fields)

|   | Yes  | No        |
|---|--|-----------|
| Does your mission map to your strategic planning process?   | <b>Yes</b>                                     |           |
| Do you have a dedicated community benefits coordinator?   |  | <b>No</b> |
| Do you have a charitable foundation?  | <b>Yes</b>                                     |           |
| Do you conduct teaching and research?   | <b>Yes</b>                                     |           |
| Do you operate a Level I or Level II trauma center?   | <b>Yes – Level I</b>                           |           |
| Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.) | <b>Yes - Burn Care Unit<br/>Level I Trauma</b> |           |

### Community Health Improvements Services

|                                   | Benefit \$8,422,455 |
|-----------------------------------|---------------------|
| Community Health Education        | \$ 23,777           |
| Community-Based Clinical Services | \$ 2,161,808        |
| Health Care Support Services      | \$ 6,236,870        |

### Health Professions Education

|  | Benefit \$25,722,445 |
|--|----------------------|
| Physicians/Medical Students (net of Direct GME payments) | \$ 25,058,922        |
| Nurses/Nursing Students                                  | \$ 58,000            |
| Other Health Professional Education                      | \$ 605,523           |
| Scholarships/Funding for Professional Education          |                      |

### Subsidized Health Services

|  | Benefit \$134,539,847 |
|--|-----------------------|
| Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP           | \$ 229,032,902        |
| Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period      | \$ (18,506,466)       |
| Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.) | \$ (70,789,070)       |
| Net Uncompensated Care   | \$ 139,737,366        |
| Uncompensated SCHIP (Nevada Checkup) Cost  | \$ 924,243            |
| Uncompensated Medicare Cost (see instructions)                                     | \$ 18,324,367         |
| Uncompensated Clinic or Other Cost   | \$ 8,332,458          |
| Other Subsidized Health Services   | \$ 569,097            |
| Less: Cost Reported in Another Category  | \$ (33,347,684)       |
| Total Subsidized Health Services   | \$ 134,539,847        |

### Research

|                           | Benefit \$64,007 |
|---------------------------|------------------|
| Clinical Research         | \$ 64,007        |
| Community Health Research | \$               |
| Other                     | \$               |

### Financial Contributions

|   |                  |
|---|------------------|
|   | Benefit \$85,111 |
| Cash Donations                              | \$ 1,092         |
| Grants                                      | \$ 5,700         |
| In-Kind Donations                           | \$               |
| Cost of Fund Raising for Community Programs | \$ 78,319        |

### Community Building Activities

|  |                  |
|--|------------------|
|  | Benefit \$67,200 |
| Physical Improvements and Housing                                    | \$               |
| Economic Development   | \$               |
| Community Support  | \$               |
| Environmental Improvements   | \$               |
| Leadership Development and Leadership Training for Community Members | \$               |
| Coalition Building   | \$ 30,000        |
| Community Health Improvement Advocacy                                | \$               |
| Workforce Development  | \$ 37,200        |

### Community Benefit Operations

|   |            |
|---|------------|
|   | Benefit \$ |
| Dedicated Staff                                 | \$         |
| Community Health Needs/Health Assets Assessment | \$         |
| Other Resources                                 | \$         |

### Other Community Benefits

|  |                  |
|--|------------------|
| (Briefly explain other community Benefits provided but not captured in sections above) | Benefit \$36,984 |
| Disaster Planning  | \$ 36,984        |
|  | \$               |
| Other Community Benefits Subtotal  | \$               |

### Total Community Benefit

|  |                       |
|--|-----------------------|
|  | Benefit \$168,938,049 |
|  |                       |

### Other Community Support

|  |            |
|--|------------|
|  | Benefit \$ |
| Property Tax   | \$         |
| Sales and Use Tax  | \$         |
| Modified Business Tax  | \$         |
| Other Tax (describe)   | \$         |
| Assessment for not meeting minimum care obligation of NRS 439B.340 | \$         |
| Total Other Community Support                                      | \$         |

### Total Community Benefits & Other Community Support

|  |                |
|--|----------------|
|  | \$ 168,938,049 |
|--|----------------|

|  |  |
|--|--|
|  |  |
|--|--|

|   |
|---|
| List and briefly explain educational classes offered  |
| <b>Patient Management Seminars for Physicians</b><br><b>Continuing Education for Health Care Professionals</b><br><b>Nutrition &amp; Exercise Classes</b><br><b>Health Education for Senior Citizens</b><br><b>Prenatal, Childbirth &amp; Post Partum Care for Mother &amp; Child</b><br><b>Infant and Child CPR Community</b><br><b>Diabetes Counseling</b><br><b>Smoking Cessation</b><br><b>Baby Sitting Classes</b> |
| <b>Note: Classes are offered free of charge.</b>  |

|   |
|---|
| List and briefly describe other community benefits provided to the community for which the costs cannot be captured |
|   |

### Discounted Services & Reduced Charges Policy & Procedures

|   |  |
|---|--|
| Charity Care Policy: (attach copies of actual policies if first filing or policy changed)           | Policy Effective Date: 11-1-2007   |
| Does the hospital have a policy? (Yes or No)  | <b>Yes</b>   |
| Policy covers up to what % of Federal Poverty Level?  | <b>500%</b>  |
| Discounts given up to what %?   | <b>70%</b>   |
| Amount of time to make arrangements (in days or months)   | <b>24 Months</b>   |
| Other comments  |  |
| Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed) | Policy Effective Date: New Rates effective 11-1-2007   |
| Does the hospital have a policy? (Yes or No)  | <b>Yes (County Resident Rates)</b>   |
| Discounts given up to what %?   | <b>Inpatient: Per Diems, Carve Outs, &amp; Case Rates, min of 30%</b><br><b>Outpatient: 55% of charges</b> |
| Amount of time to make arrangements? (in days or months)  | <b>24 Months</b>   |
| Other comments  | <b>Resident rates are approved by Clark County Commissioners.</b>  |

## Collection of Accounts Receivable Policies & Procedures

|  |   |
|--|---|
| Effective Date of Policy   | <b>8/01/1999</b>                                    |
| Does hospital have established policy?   | <b>Yes</b>  |
| Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No) | <b>Yes</b>  |
| Number of patient contacts before referral to collection agency                            | <b>3</b>  |
| Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)   | <b>Yes</b>  |
| Methods of communication with patient (e.g. phone, letter, etc.)                           | <b>Phone, Letter</b>                                |
| Number of days prior to referral to collection agency                                      | <b>90 days</b>                                      |
| Is the patient notified in writing of referral to collection agency?                       | <b>Yes</b>  |
| Is the patient notified in writing prior to a lawsuit being begun?                         | <b>N/A – UMC does not sue patients</b>              |
| Other comments   | <b>Collection agencies may pursue legal action.</b> |

## Chargemaster

|   |  |
|---|--|
| Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No) | <b>Yes</b>                             |
| Is the chargemaster updated at least monthly? (Yes or No)                                       | <b>Yes</b>                             |
| How is the chargemaster made available? (E.g. format, location, etc.)                           | <b>Viewable on Laptop in Admitting</b> |